


| | | | | |
|--|-------------------------|---------------------------|-----------------------------|---|
| Combined Declaration For Patent Application and Power of Attorney (Continued) | | | | ATTORNEY DOCKET 86679SLP |
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. | | | | |
| Send Correspondence to: Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201 | | | | Direct Telephone Calls to: <i>(name and telephone number)</i> Susan L. Parulski 585-477-4027 FAX: 585-477-4646 |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| 0 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 1 | BUSINESS ADDRESS | BUSINESS ADDRESS | CITY | STATE & ZIP CODE (COUNTRY) |
| | | Duarte | Francisco | J. |
| | | Rochester | New York 14612 USA | Chile |
| | | Eastman Kodak Company | 343 State Street, Rochester | New York 14650 USA |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| 0 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 2 | BUSINESS ADDRESS | BUSINESS ADDRESS | CITY | STATE & ZIP CODE (COUNTRY) |
| | | | | |
| | | | | |
| | | | | |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| 0 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 3 | BUSINESS ADDRESS | BUSINESS ADDRESS | CITY | STATE & ZIP CODE (COUNTRY) |
| | | | | |
| | | | | |
| | | | | |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| 0 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 4 | BUSINESS ADDRESS | BUSINESS ADDRESS | CITY | STATE & ZIP CODE (COUNTRY) |
| | | | | |
| | | | | |
| | | | | |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| 0 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 5 | BUSINESS ADDRESS | BUSINESS ADDRESS | CITY | STATE & ZIP CODE (COUNTRY) |
| | | | | |
| | | | | |
| 2 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| 0 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| 6 | BUSINESS ADDRESS | BUSINESS ADDRESS | CITY | STATE & ZIP CODE (COUNTRY) |
| | | | | |
| | | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 |
|  DATE 10/16/2003 | | DATE | | DATE |
| SIGNATURE OF INVENTOR 204 | | SIGNATURE OF INVENTOR 205 | | SIGNATURE OF INVENTOR 206 |
| DATE | | DATE | | DATE |